

961

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Escher  
District of Escher  
Town of Escher  
or City of Escher (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

State Index No. 662  
Co. Register No. 214  
Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD Harry Newton McCart { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimacy <u>yes</u>	Date of Birth <u>April 27</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Harry McCart</u>			Full Maiden Name <u>Henrietta McEvers</u>		
Residence <u>Globe, Ariz.</u>			Residence <u>Globe, Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>2.6</u> (Years)	Color or Race <u>White</u> Age at last Birthday <u>16</u> (Years)			
Birthplace <u>Sturgeon Bay, Wisconsin</u>			Birthplace <u>McAllister, Oklahoma</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

Number of child of this mother... / Number of Children, of this mother, now living... / Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on March 17 1917, at 1 P.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Alvin F. Farness M.D.  
(Attending physician, midwife, householder, \*)

Given or Christian name added from a supplemental report... 191...  
843-427-842  
COUNTY REGISTRAR.

Address Globe, Ariz.  
Filed May 17 1917 LOCAL REGISTRAR.  
A True Copy  
Filed June 5 1917 COUNTY REGISTRAR.

TO BE RETURNED TO LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH